

Myrtle L Aron Bursary Fund Application Form

Dear Applicant

When completing this application form please take note of the following:

- Read all instructions carefully.
- The closing date for the application is 19 February 2024.
- Any late applications **cannot** be considered.
- Any incomplete application forms will also **not** be considered.
- Please scan and send all documents together in one attachment.

Selection criteria:

- The bursary is available to students who have successfully **completed** their 2nd and/or 3rd year of study in the degree for Speech-Language Pathology or Audiology.
- Only students in the 3rd or 4th year of study can be awarded the bursary.
- SASLHA student members will be given preference.
- The main criteria for selection of the application are financial need and academic potential.
- Changing your degree after submitting your application will lead to the cancellation of the bursary.

Instructions for submission:

(Please send in a typed application form and enclose the following documentation: all documents should be certified)

- Matriculation certificate.
- Copy of your certified ID document
- Copies of your most recent subjects and academic record / grades.
- **Two** testimonials from **Departmental staff or supervisors**. (To give input on academic potential, leadership, why they recommend the applicant any other information pertinent to the applicant). This should be on a University letterhead and signed by the respective staff member.
- You may include a testimonial from an organization or similar that you belong to. It should be on the organisation's letterhead and signed.
- Affidavit(s) if your parent(s)/guardian(s) are unemployed.
- Death certificate(s) if your parent(s) is/are deceased.
- Three months' bank statements of the individual(s) responsible for payment of your university fees
- Submit a video recording (maximum 2 minutes) briefly answering the following questions: Tell us something about yourself, why you believe you deserve this award and how you plan on contributing to the profession in the short and medium term. The video can be taken with your cellphone or laptop, should be compressed to less than 10MB and added as an attachment to the email with your application form.
- Not a SASLHA member? Sign up here: [SASLHA](#)



PERSONAL DETAILS

SURNAME			
FIRST NAME			
GENDER	MALE		FEMALE
DATE OF BIRTH		CURRENT AGE	
ID NUMBER	PLEASE INCLUDE A CERTIFIED COPY OF YOUR ID		
MARITAL STATUS			
NO OF DEPENDANTS (If Any)			
SCHOOL WHERE MATRICULATED			
WHERE DO YOU STAY WHILE STUDYING? (Home/ university residence/ flat)			
TO WHAT DEGREE WOULD YOU RATE YOUR PREVIOUS DISADVANTAGE? (mark your choice)	0-NOT PREVIOUSLY DISADVANTAGED	1- DISADVANTAGED TO A DEGREE. Please motivate your answer	2- VASTLY DISADVANTAGED- Please motivate your answer
YEAR OF MATRICULATION	PLEASE INCLUDE A COPY OF YOUR MATRIC CERTIFICATE		
HOME ADDRESS			
	CODE:		
POSTAL ADDRESS			
	CODE:		
TELEPHONE NUMBER			
CELL NUMBER			
EMAIL ADDRESS			
DATE OF APPLICATION			



BANKING DETAILS:

NAME OF UNIVERSITY	
ACCOUNT NUMBER	
STUDENT NUMBER	
NAME OF BANK	
BRANCH AND CODE	

UNIVERSITY DETAILS

UNIVERSITY DEPT TEL NUMBER	
PRESENT YEAR OF STUDY	
DATE OF FIRST YEAR OF REGISTRATION	

ARE YOU A SASLHA MEMBER? YES _____ NO _____

HOW DID YOU HEAR ABOUT THE MYRTLE L ARON BURSARY FUND?

HAVE YOU APPLIED FOR ANY OTHER BURSARY, GRANT OR LOAN?

IF SO STATE THE NAME OF THE ORGANISATION TO WHICH YOU HAVE APPLIED:

HOW MUCH FUNDING WAS APPLIED FOR?

WHEN DID YOU SUBMIT YOUR APPLICATION TO THEM?

WAS YOUR APPLICATION SUCCESSFUL? YES _____ NO _____

IF SO, FOR WHICH YEAR/S HAVE YOU RECEIVED FUNDING AND WHAT IS THE AMOUNT AWARDED FOR EACH YEAR? (Be Specific)



HOW DO YOU FINANCE YOUR UNIVERSITY EDUCATION?

SELF	PARENTS	CAREGIVERS	SIBLINGS	EXTENDED FAMILY	FRIENDS
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WHO ELSE IS FINANCIALLY BEING SUPPORTED BY THE INDIVIDUAL(S) FUNDING YOUR EDUCATION? (Specify all other dependants on the income detailed in the bank statements provided)

NAME	SURNAME	RELATIONSHIP	ADULT/CHILD	CURRENTLY BUSY WITH

DETAILS OF PARENT/GUARDIAN

PARENT 1/GUARDIAN 1				
NAME				
SURNAME				
IDENTITY/PASSPORT NUMBER				
CONTACT NUMBER: CELL OR OTHER				
PHYSICAL ADDRESS				
OCCUPATION				
EMPLOYER'S NAME				
WHAT TYPE OF EMPLOYER	PRIVATE	SELF	GOVERNMENT	
SOURCE OF INCOME	WAGES	SALARIES	GRANT	OTHER
GROSS MONTHLY EARNINGS				

SIGNATURE (PARENT 1/GUARDIAN 1):

DATE:



PARENT 2/GUARDIAN 2				
NAME				
SURNAME				
IDENTITY/PASSPORT NUMBER				
CONTACT NUMBER: CELL OR OTHER				
PHYSICAL ADDRESS				
OCCUPATION				
EMPLOYER'S NAME				
WHAT TYPE OF EMPLOYER	PRIVATE	SELF	GOVERNMENT	
SOURCE OF INCOME	WAGES	SALARIES	GRANTS	OTHER
GROSS MONTHLY EARNINGS				

SIGNATURE (PARENT 2/GUARDIAN 2):

DATE:

DETAILS OF PERSON SUPPORTING YOUR STUDIES (if not your parents/guardian)

RELATIONSHIP TO YOU				
NAME				
SURNAME				
IDENTITY/PASSPORT NUMBER				
CONTACT NUMBER: CELL OR OTHER				
PHYSICAL ADDRESS				
OCCUPATION				
EMPLOYER'S NAME				
WHAT TYPE OF EMPLOYER	PRIVATE	SELF	GOVERNMENT	
SOURCE OF INCOME	WAGES	SALARIES	GRANTS	OTHER
GROSS MONTHLY EARNINGS				

SIGNATURE:

DATE:

ANSWER THE QUESTIONS 1 TO 3 BELOW. REMEMBER TO MAKE A 2 MINUTE VIDEO BRIEFLY DISCUSSING WHAT YOU DISCUSS BELOW.

- 1. MOTIVATE WHY YOU BELIEVE YOU DESERVE THIS AWARD AND ALSO INCLUDE ANY INFORMATION WE SHOULD BE AWARE OF. (NO MORE THAN 250 WORDS)**

- 2. PROVIDE A BRIEF DESCRIPTION OF YOURSELF (TELL US ABOUT YOUR STRENGTHS AND WEAKNESS, YOUR FAMILY, HOW YOUR FRIENDS SEE YOU) AND YOUR HOBBIES. MENTION THE COMMITTEES OR ORGANISATIONS YOU HAVE BELONGED/BELONG TO AND YOUR CURRENT OR PAST COMMUNITY ENGAGEMENT INVOLVEMENT (NO MORE THAN 300 WORDS)**



3. WHERE DO YOU SEE YOURSELF 5 YEARS AFTER YOU HAVE GRADUATED? (NO MORE THAN 250 WORDS)

POST MATRICULATION DETAILS

Describe what you have done since matriculation. Include forms of occupation, attendance at Universities, Colleges.

YEAR	NAME OF INSTITUTION	COURSE OF STUDY OR OCCUPATION

I, _____ hereby declare that all the above information is accurate.

I understand that the Council's decision is final.

Signed on this day of 20__

Signature

PLEASE DO NOT SCAN AND SEND SEPARATE DOCUMENTS OR PAGES. PLEASE CONTAIN IN ONE DOCUMENT. REMEMBER TO ALSO SUBMIT THE 2 MINUTE VIDEO WITH THIS APPLICATION.

COMPLETED FORMS CAN BE SENT TO:

EMAIL TO: admin@saslha.co.za